Dr. David Tapscott, Chairman Dr. Joann Lindenmayer, Vice Chair Dr. Cay Denherder, Member



## Town of Uxbridge Board of Health

21 South Main Street, Room 204 Uxbridge, MA 01569 Phone # (508) 278-8600 X 8 Fax # (631)223-4307

Email: boh@uxbridge-ma.gov

Due date: December 31<sup>st</sup> annually FEE: \$150.00 annually LATE FEE: \$50.00

## PERMIT APPLICATION TO REMOVE, TRANSPORT AND DISPOSE OF SOLID WASTE OR RECYCLABLES IN THE TOWN OF UXBRIDGE

## **Instructions**

All sections of this application must be completed. Incomplete applications will not be considered.

(NOTE TO USER: Language below is based on Board of Health authority to enact and implement this process. If another authority/process is undertaken, consider modifying to reflect appropriate citations throughout.) In accordance with MGL Chapter 111, Sections 31 A and 31B and in accordance with the Town of Uxbridge Curbside

Hauler Regulation, the undersigned makes application to the Board of Health for permission to collect and transport Solid Waste and/or Recyclables as set forth below:

Check here if this is your first application.

Check here if this is a renewal application.

Please select which type(s) of collection you will be providing (check all that apply):

Solid Waste and Recyclables

Recyclables Only (see Board Regulation XIX Section 6B "Commercial Customers/Generators")

Solid Waste Only (see Board Regulation XIX Section 6B "Commercial Customers/Generators")

<b>Company Information</b>	
Company Name	
Contact Name	
Location Address	
City, State ZIP Code	
E-Mail Address	
Telephone #	
Mailing Address (if different)	
City, State, ZIP Code	
Emergency 24-hour Contact Name	
Emergency 24-hour Telephone #	

State   Type and Capacity   Copy of Last Safety Inspection Stick   Report (NOT Inspection Stick   Naterial(s) Delivered   Report (NOT Inspection Stick   Report (NOT Inspection Stick   Naterial(s) Delivered   Report (NOT Inspection Stick   Naterial(s) Delivered Report (NOT Inspection Stick   Naterial(s) Del	uck Information imated number of collec- se separate sheet to list of			bridge during the	permit year.
st facilities where Solid Waste and/or Recyclables will be delivered for disposal or processing during the permit vote multiple outlets if used during the permit year. Weight slips may be requested to verify end disposal site.)  olid Waste Disposal Facility  Address  Material(s) Delivered  Please check all and make sure all associated attachments are included.  Incomplete applications will not be considered.  This is a permit renewal: I have attached a copy of the Annual Solid Waste and Recyclables Reporting Form.  If this is your first application, write-in Not Applicable (NA).  I have attached a copy of my certificate of insurance for public liability and property insurance.  I certify that the company I represent operates in compliance with the Massachusetts Waste Ban regulations and the Mercury Disposal Prohibition.  I have attached a copy of my marketing materials indicating the types of services offered, reminding Customers that recycling is mandatory, and describing the Massachusetts Waste Ban Materials.  I confirm that my company is in compliance with the Bundled Service requirement outlined in Section _6A _ of these regulations.  I have attached a copy of my notification that will go to Customers who set out visible Waste Ban Materials mixed with Solid Waste, including a reminder that recycling is mandatory, describing what was seen that violated the Waste Bans, and providing a phone number for the Board of Health.  All employees understand and will help educate all Customers about the Massachusetts Waste Bans.  All employees understand and will help educate all Customers about the Massachusetts Waste Bans.  I am an authorized official of the company applying for this permit.  Pursuant to MGL Ch. 62C Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under	uck Registration Numbe	State State	Type and Capacity		
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	Reporting For If this is you I have attach I certify that regulations at I have attach reminding Community Materials.  I confirm the Section 6A I have attach Materials may what was seen Health.  All employed Bans.  I am an auth Pursuant to so of my know it is worth attach where we have the seen health.	orm.  It first applicated a copy of a the company and the Mercured a copy of a customers that at my company of these representatives with Solien that violated as understand a copy of a customers are described with Solien that violated as understand a copy of a customers and a copy of a customers are described with Solien that violated as understand a copy of a customers.	tion, write-in Not Appli my certificate of insurar I represent operates in or ry Disposal Prohibition my marketing materials recycling is mandatory.  y is in compliance with egulations. my notification that will d Waste, including a read the Waste Bans, and part and will help educate and of the company applying Section 49A, I certify the	cable (NA). Ince for public liability and procompliance with the Massachus indicating the types of services, and describing the Massachus the Bundled Service requirem go to Customers who set out minder that recycling is mandaroviding a phone number for all Customers about the Massachus for this permit.  Inder the penalties of perjury	perty insurance. Issetts Waste Ban es offered, Issetts Waste Ban ent outlined in visible Waste Ban atory, describing the Board of chusetts Waste that I, to the best